

Article - Health - General

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§19–303.

- (a) (1) In this section the following words have the meanings indicated.
- (2) “Commission” means the Health Services Cost Review Commission.
- (3) “Community benefit” means an activity that is intended to address community needs and priorities primarily through disease prevention and improvement of health status, including:
 - (i) Health services provided to vulnerable or underserved populations such as Medicaid, Medicare, or Maryland Children’s Health Program enrollees;
 - (ii) Financial or in-kind support of public health programs;
 - (iii) Donations of funds, property, or other resources that contribute to a community priority;
 - (iv) Health care cost containment activities;
 - (v) Health education, screening, and prevention services; and
 - (vi) Financial or in-kind support of the Maryland Behavioral Health Crisis Response System.
- (4) “Community needs assessment” means the process by which unmet community health care needs and priorities are identified.
- (b) In identifying community health care needs, a nonprofit hospital:
 - (1) Shall consider, if available, the most recent community needs assessment developed by the Department or the local health department for the county in which the nonprofit hospital is located;
 - (2) May consult with community leaders and local health care providers; and

(3) May consult with any appropriate person that can assist the hospital in identifying community health needs.

(c) (1) Each nonprofit hospital shall submit an annual community benefit report to the Health Services Cost Review Commission detailing the community benefits provided by the hospital during the preceding year.

(2) The community benefit report shall include:

- (i) The mission statement of the hospital;
- (ii) A list of the initiatives that were undertaken by the hospital;
- (iii) The cost to the hospital of each community benefit initiative;
- (iv) The objectives of each community benefit initiative;
- (v) A description of efforts taken to evaluate the effectiveness of each community benefit initiative;
- (vi) A description of gaps in the availability of specialist providers to serve the uninsured in the hospital; and
- (vii) A description of the hospital's efforts to track and reduce health disparities in the community that the hospital serves.

(d) (1) The Commission shall compile the reports required under subsection (c) of this section and issue an annual Nonprofit Hospital Community Health Benefit Report.

(2) In addition to the information required under paragraph (1) of this subsection, the Nonprofit Hospital Community Health Benefit Report shall contain a list of the unmet community health care needs identified in the most recent community needs assessment prepared by the Department or local health department for each county.

(3) The Nonprofit Hospital Community Health Benefit Report shall be made available to the public free of charge.

(4) The Commission shall submit a copy of the annual Nonprofit Hospital Community Health Benefit Report, subject to § 2-1246 of the State

Government Article, to the House Health and Government Operations Committee and the Senate Finance Committee.

(e) The Commission shall adopt regulations, in consultation with representatives of nonprofit hospitals, that establish:

(1) A standard format for reporting the information required under this section;

(2) The date on which nonprofit hospitals must submit the annual community benefit reports; and

(3) The period of time that the annual community benefit report must cover.

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